



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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THIS SPACE FOR OFFICE USE ONLY

STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
MARKLE	JOANNA	J.H.	808-547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			808-547-5880
(City)	(State)	(Zip Code)	
Honolulu, HI 96813			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Goodsill Anderson Quinn & Stifel			808-547-5600
MAILING ADDRESS (Street)			FAX
Same as above.			
(City)	(State)	(Zip Code)	

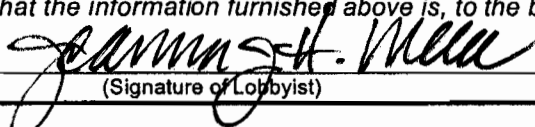
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
DISTILLED SPIRITS COUNCIL OF THE UNITED STATES	202-628-3544	
MAILING ADDRESS (Street)	FAX	
1250 I STREET, NW, SUITE 400	202-682-8849	
(City)	(State)	(Zip Code)
WASHINGTON, D.C. 20005		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
COURTNEY ARMOUR		
MAILING ADDRESS (Street)	FAX	
SAME AS ABOVE		
(City)	(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

3/15/06
(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

MARK GORMAN, SENIOR VICE PRESIDENT, GOVERNMENT RELATIONS

NAME OF ORGANIZATION (if applicable)

TELEPHONE

DISTILLED SPIRITS COUNCIL OF THE UNITED STATES

202-628-3544

MAILING ADDRESS (Street)

FAX

1250 I STREET, NW, SUITE 400

202-682-8849

(City)

(State)

(Zip Code)

WASHINGTON, D.C. 20005

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

3-14-06
(Date)